

# PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

132 Rose Terrace, Wayville SA 5034

Telephone: (08) 72251805, Office Fax: (08) 72251648. Hours: 10am to 2:30pm

## ESA ANNUAL ADULT PARTICIPATION APPLICATION FORM For PONY CLUB CONDUCTED ADULT ODE CLASSES For EQUESTRIAN SA RIDERS ONLY 26 years and over

*ESA ANNUAL ADULT PARTICIPATION Effective for 12 months from date of issue*

RIDER SURNAME: \_\_\_\_\_ FIRST NAME/S: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ MALE ( ) FEMALE ( ) PHONE NUMBER: \_\_\_\_\_  
 POSTAL ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

### COSTS FOR EQUESTRIAN SA RIDERS

Participation Fee Includes 1<sup>st</sup> Card & Administration: \$121.75 inc GST

Additional Card/s and Lost Cards: \$ 17.50 inc GST

Additional Card/s only valid from date of current Participation.

Direct debit details for PCASA: Pony Club Association of SA Inc. BSB: 105-169 Account #: 760400940

RENEWAL (Send in your existing Card) ( ) OR NEW COMBINATION ( )

ARE YOU A NEW ESA RIDER FOR ADULT CLASSES YES ( ) NO ( )

(New Member who has never previously been registered)

ARE YOU A CURRENT ESA RIDER YES ( ) NO ( )

**PROOF OF MEMBERSHIP WITH EQUESTRIAN SA WILL BE REQUIRED WITH THIS APPLICATION**

**HORSE #1 DETAILS** NAME: \_\_\_\_\_

BRANDS OR DISTINGUISHING MARKS: \_\_\_\_\_

GELDING ( ) MARE ( ) COLOUR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ hh YEAR BORN: \_\_\_\_\_ AGE: \_\_\_\_\_

ADULT CARD – EVENTING GRADE REQUIRED: 1-( ) 2-( ) 3-( ) 4-( ) 5-( )

**HORSE #2 DETAILS** NAME: \_\_\_\_\_

BRANDS OR DISTINGUISHING MARKS: \_\_\_\_\_

GELDING ( ) MARE ( ) COLOUR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ hh YEAR BORN: \_\_\_\_\_ AGE: \_\_\_\_\_

ADULT CARD – EVENTING GRADE REQUIRED: 1-( ) 2-( ) 3-( ) 4-( ) 5-( )

**HORSE #3 DETAILS** NAME: \_\_\_\_\_

BRANDS OR DISTINGUISHING MARKS: \_\_\_\_\_

GELDING ( ) MARE ( ) COLOUR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ hh YEAR BORN: \_\_\_\_\_ AGE: \_\_\_\_\_

ADULT CARD – EVENTING GRADE REQUIRED: 1-( ) 2-( ) 3-( ) 4-( ) 5-( )

**I hereby declare all the information is true and correct. I understand & agree that, by completing this application, No insurance cover is provided to me under the PCASA insurance programme.**

**I agree to abide by the rules of PCASA and be aware of the gear checking rules.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only							
Receipt	#	Date Received	/ /	Horse #1		Horse #3	
		Date Processed	/ /	Card Number		Card Number	
Amount Paid	\$	Date Emailed	/ /	Eventing Points		Eventing Points	
		Date Posted	/ /	Horse #2			
Date Paid	/ /	Card Registrar's Signature		Card Number		Cards Valid To	/ /
				Eventing Points			